

REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: 045278-002000												
<p style="text-align: center;">CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on <u>4/9/07</u>.</p> <p>Signature: <u>[Signature]</u></p> <p>Name: <u>Linda Clinkenbeard</u></p>	<p>In re Application of: <u>Henning WALCZAK</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Application Number: <u>10/551,004</u></td><td style="width: 50%;">Filed: <u>March 26, 2004</u></td></tr><tr><td colspan="2">For: <u>IMPROVED FC FUSION PROTEINS</u></td></tr></table> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Group Art Unit: <u>1644</u></td><td style="width: 50%;">Confirmation No. <u>1454</u></td></tr></table>		Application Number: <u>10/551,004</u>	Filed: <u>March 26, 2004</u>	For: <u>IMPROVED FC FUSION PROTEINS</u>		Group Art Unit: <u>1644</u>	Confirmation No. <u>1454</u>						
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td><td style="text-align: right;">\$ <u>795.00</u></td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</td><td style="text-align: right;">\$ _____</td></tr></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-3557</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <table style="width: 100%;"><tr><td style="width: 50%; text-align: center;"><u>[Signature]</u> _____ Birgit Millauer, Reg. No. 43,341 _____ Typed or printed name</td><td style="width: 50%; text-align: center;"><u>4-9-07</u> _____ Date <u>(415) 984-8200</u> _____ Telephone Number</td></tr></table> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ _____	<input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ <u>795.00</u>	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____	<u>[Signature]</u> _____ Birgit Millauer, Reg. No. 43,341 _____ Typed or printed name	<u>4-9-07</u> _____ Date <u>(415) 984-8200</u> _____ Telephone Number
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P.O. Box 1450
Alexandria, VA 22313-1450

credit any overpayment under 37 C.F.R. §§1.16-1.17, to Deposit Account No. 50-3557. A copy of this paper is enclosed.

4-9-07
Date

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Respectfully submitted,


Birgit Millauer
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